

Name
in
Full

Bertha Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Chester town, Md		County	MARYLAND		
Date of death	1908	Month June	Day 29	Age 13	Years	Months Days
Sex	Female	Color or Race	Colored	Birth-place	Chester town, Md	
Occupation	School Girl	Where Residing if not at place of death			Chester town, Md	
Married, Single or Widowed	Single	Name or Wife or Husband				
Father's Name	Robert Bailey		Cecil County			
Mother's Maiden Name	Ruth Smith		Chester town			
Name of person giving information	Charlotte Forster		How related Deceased			Grandmother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

27

How long

about 2 months

Immediate

Anesthesia

How long

about 1 mo.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Oscar B. Stines
Chester town, Md.

Accident or Suicide?

No



Name
In
Full

Ellen Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Galena	Kent			
Date of death	Month	Day	Years	Months	Days
1907	6	7	69		
Sex	female	Color or Race	African	Birth-place	md.
Occupation	house Servant	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	not known			Father's Birthplace	
Mother's Maiden Name	Emeline Black			Mother's Birthplace	md
Name of person giving Information	Hannie Brown			How related to deceased	not at all

CAUSES OF DEATH

Primary	Cancer Stomach.	
Immediate	inanition & collapse	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

40

How long 9 months

W. Salterius
Galena md

PHYSICIAN
OR CORONER



Name
in
Full

James Henry Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Chesterville Grove		Kent			
Date of death	Month	Day	Years	Months	Days
1908	June	25 th	41	9.	14
Sex	Male	Color or Race	Colored	Birth-place	Chesterville Grove ^{Md}
Occupation	Where Residing if not at place of death		at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	annie stanley		
Father's Name	Perry P. Brown		Father's Birthplace	Md	
Mother's Maiden Name	Hannah Jane Vieux		Mother's Birthplace	Md	
Name of person giving Information	Erastus Brown		How related to deceased	Brother	

CAUSES OF DEATH

27

How long

18 months

How long

18 months

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

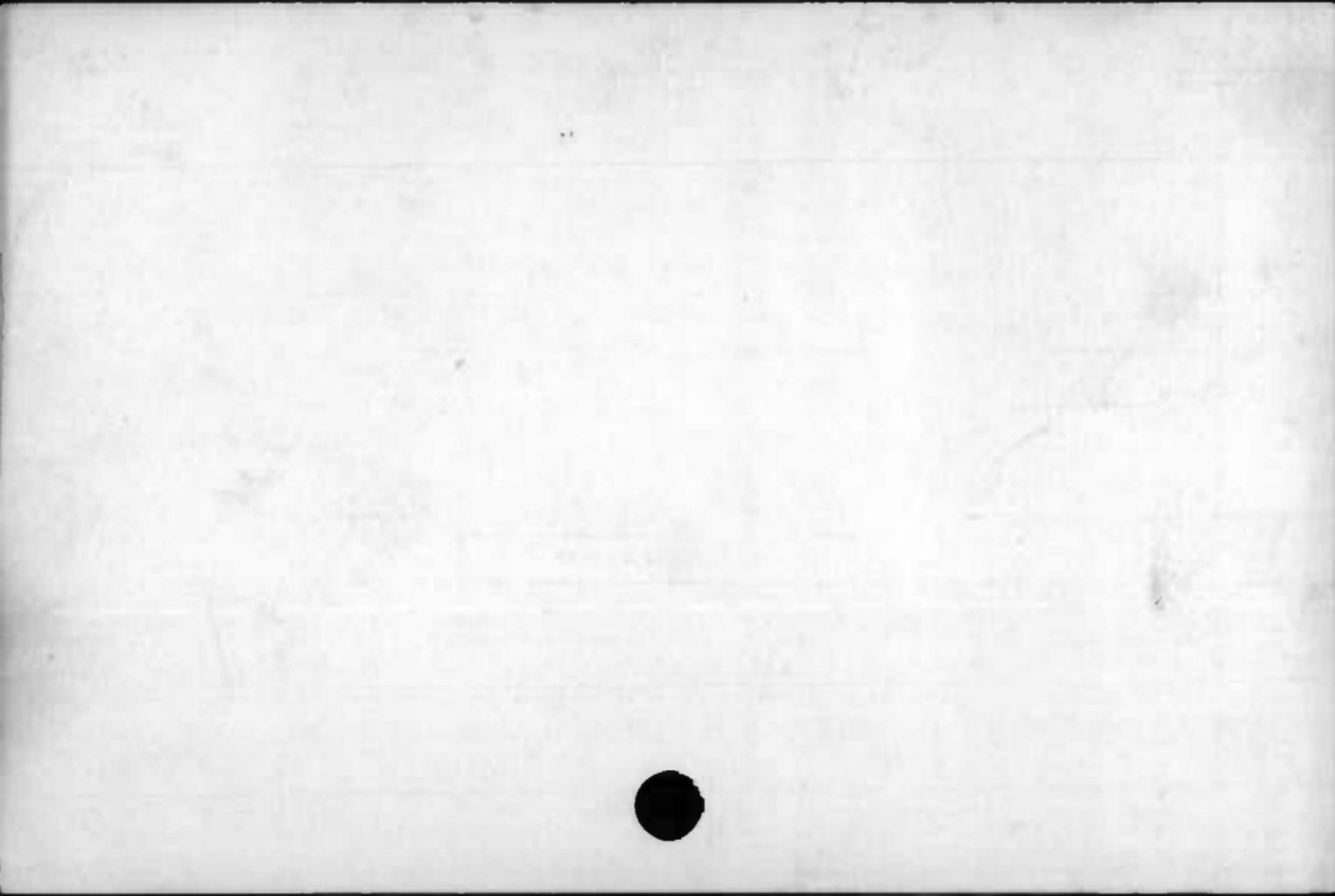
J. A. Shippard

Address

Baltimore

Md

Accident or Suicide? neither



Name
in
Full

Sarah . Burris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1908	June	14	Age 81
Sex	Female	Color or Race	White
Occupation	House wife		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Where Residing if not at place of death
Father's Name	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving Information	Hm Burris		
CAUSES OF DEATH			
Primary	Impaction of Gall Stones		
Immediate	Pectoral Gastric		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
Accident or Suicide?			

113

PHYSICIAN
OR CORONER

Primary

Impaction of Gall Stones

Not known

Immediate

Pectoral Gastric

How long

Three-four months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H M Peter M.D.

Millington, Md.

~~Buy at Sulkingy Rd~~

Name
In
Full

A Wilson Cochran Jr

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Marion</u>		Town <u>Somers</u>	County <u>Kent</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>26</u>	Age <u>—</u>	Years <u>—</u>	Months <u>9</u>	Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Kent Co. Md.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>—</u>				
Father's Name <u>A Wilson Cochran</u>				Father's Birthplace <u>Delaware</u>		
Mother's Maiden Name <u>Leocelia Lee Bentley</u>				Mother's Birthplace <u>Kent Co. Md</u>		
Name of person giving information <u>A. Wilson Cochran</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

105°

How long

12 days

How long

Primary

Cholera Infantum

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

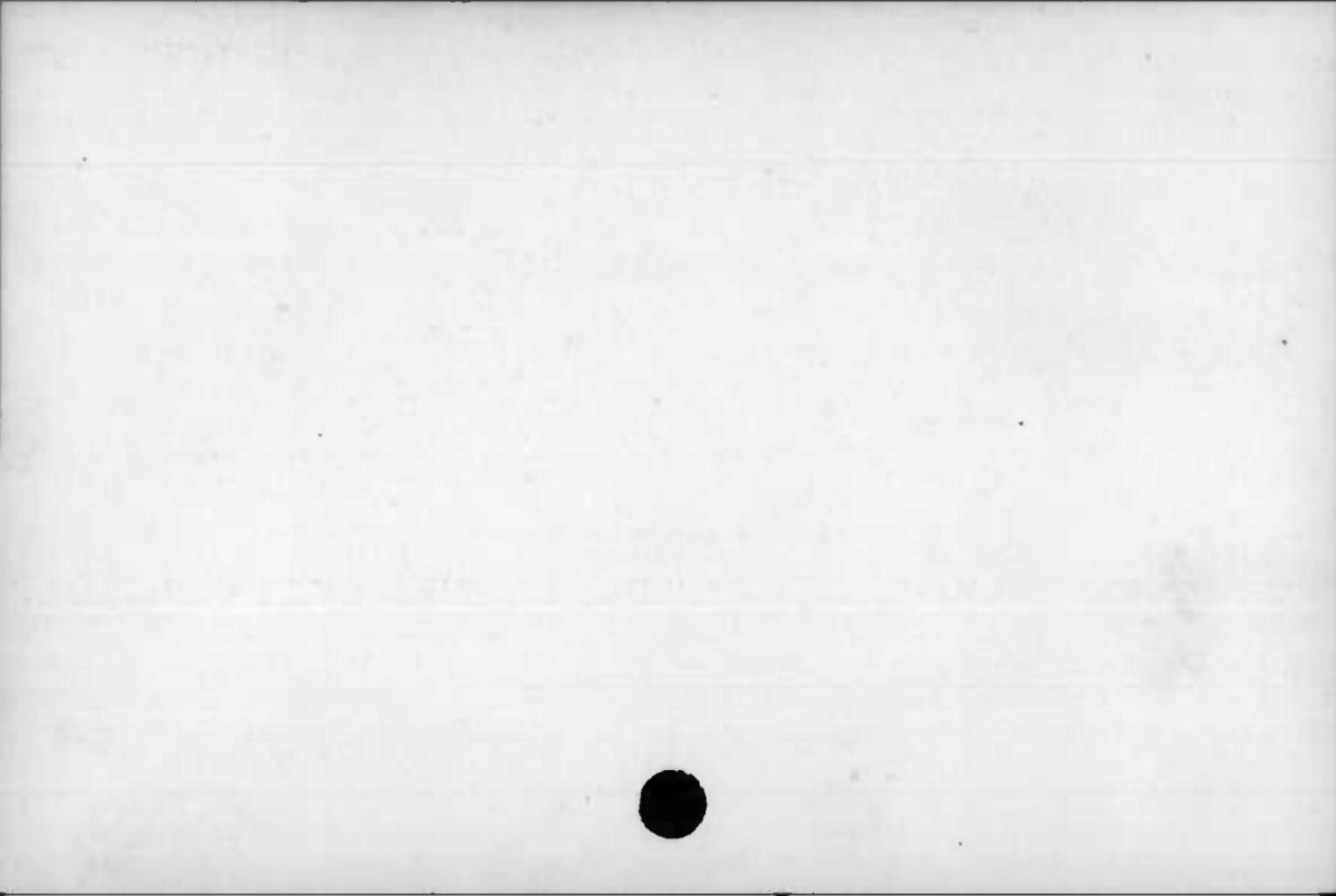
Signature of Physician

Address

Edward A. Scott,
Salina,
Kan.

Accident or Suicide?

No



Name
In
Full

Ella Ford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1908	6	3	3 days
Sex	Color or Race	Birth-place	
Female	Black	Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
—			
Father's Name	Isaiah Ford		
Mother's Maiden Name	Emma Eggleston		
Name of person giving Information	Isaiah Ford		
	Father's Birthplace	Md.	
	Mother's Birthplace	Md.	
	How related to deceased	Father	

CAUSES OF DEATH

151

How long

PHYSICIAN
OR CORONER

Primary

Premature birth

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

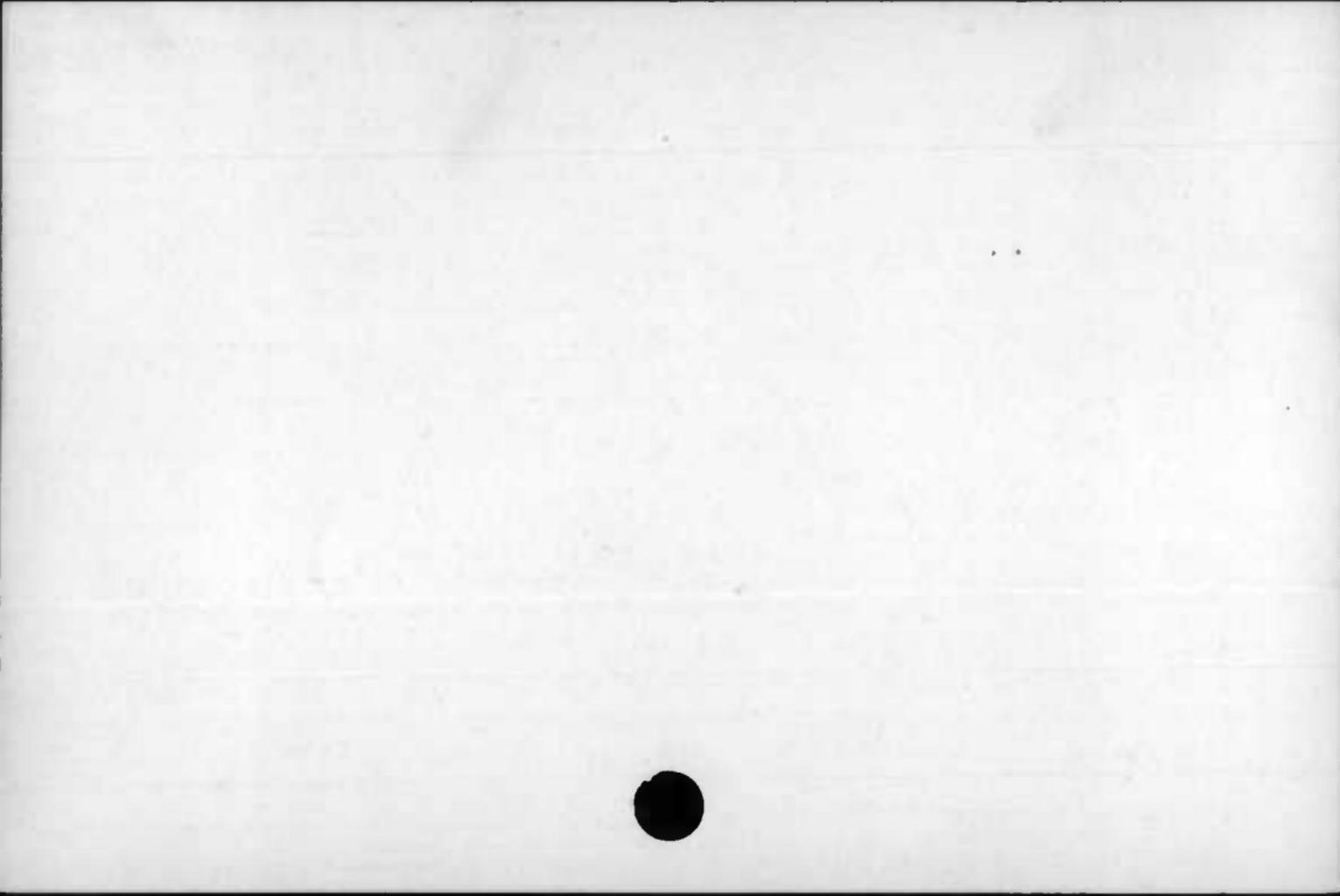
Signature of Physician

Dr. W.H. Jacobs

Address

Milington
Md.

Accident or Suicide?



Name
in
Full

Still Born Infant Garrison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Sex	Month	Day	Years
Date of death	1908	June	27
Occupation	Color or Race	Age	Months
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	Days
Father's Name	Lawrence Garrison	Father's Birthplace	MD
Mother's Maiden Name	Addie Wilson	Mother's Birthplace	MD
Name of person giving information	Lawrence Garrison	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W.S. Maxwell,

Still Pond, Md.,

Address

Accident or Suicide?

(Coleman.)

Name
in
Full

Julia A. Hassinger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1908	June	10	Age 84
Sex	Color or Race	Birth-place	Ind
female	White		
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Joseph Hassinger	
Widow		Father's Birthplace	Ind
Father's Name	Raymond Biddle	Mother's Birthplace	Ind
Mother's Maiden Name	Francis Miller	How related to deceased	Son.
Name of person giving information	J. Biddle Hassinger		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

General debility

Two months.

Immediate

Heart failure.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

W.S. Maxwell.

Address

Shall Pond, Md.

Accident or Suicide?

Chestertown

Name
in
Full

Louis Johnston

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Still Pond	Town	Hunt	County	MARYLAND
Date of death	1908	Month June	Day 28	Years 67	Months — Days —
Sex	male	Color or Race	Black	Birth-place	md
Occupation	Labour	Where Residing if not at place of death —			
Married, Single or Widowed	married	Name of Wife or Husband	Elsie S. Gaines		
Father's Name	Abraham Johnston			Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Johnston			Mother's Birthplace	Md
Name of person giving information	Elsie Johnston			How related to deceased	wife

CAUSES OF DEATH

120

How long

two years.

How long

PHYSICIAN
OR CORONER

Primary

Bright's disease.

Immediate

Heart failure.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

W.S. Maxwell,
Still Pond, Md.

Accident or Suicide?

Still Pond

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary E. Jones

CERTIFICATE OF DEATH

Died at <u>Herrick</u>		Town	Kent County		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>29</u>	Age <u>35</u>	Years <u>35</u>	Months <u>4</u>	Days <u>-</u>
Sex <u>female</u>	Color or Race <u>White</u>			Birth-place <u>Ind</u>		
Occupation <u>- - - - -</u>	Where Residing if not at place of death <u>- - - - -</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>- - - - -</u>				Father's Birthplace <u>Ind</u>	
Father's Name <u>J. C. Jones</u>				Mother's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary E. Hyson</u>				How related to deceased <u>Sister</u>		
Name of person giving information <u>Mrs Samuel Mann</u>						

CAUSES OF DEATH

27

How long

Primary

In terco locis

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

V.F.G. Simper

Chestertown

Accident or Suicide?

No

Ind

Still Pond

Name
in
Full

John Thomas Kendall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	38	3	14
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Annice Mc Lain			
Father's Name	Jacob Kendall				
Mother's Maiden Name	Mary E. Radds				
Name of person giving Information	Elvina A. E. Kendall				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Hemiplegia

How long

2 years

Immediate

Exhaustion

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

yes

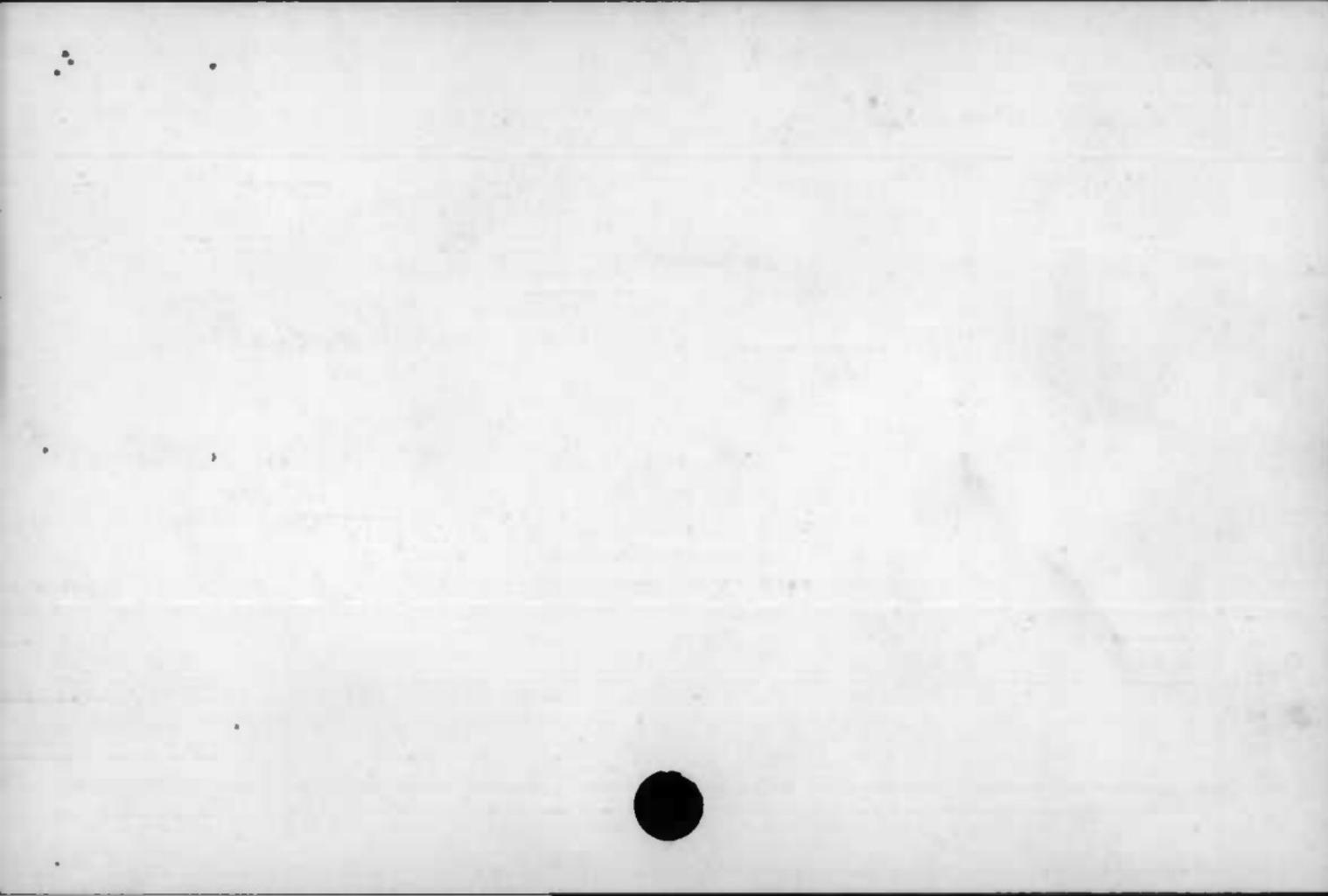
Signature of Physician

Address

W. K. Schwatka MD
Rock Hall Kent Co. Md.

Accident or Suicide?

no



Name
in
Full

Senior T. Newsom

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Kent County		MARYLAND	
Died at Bettontown	Month June	Day 18	Years 69	Months 7 Days
Date of death 1908	Age	Color or Race white	Birth-place Md	
Sex male	Occupation Farmer	Where Residing if not at place of death Morton Point		
Married, Single or Widowed married	Name of Wife or Husband Sarah E. Crew			
Father's Name Martin Newsom	Father's Birthplace Md			
Mother's Maiden Name Mrs. Clayton	Mother's Birthplace Md			
Name of person giving information Senior Newsom	How related to deceased Son			

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary Bronchitis How long 3 months,

Immediate Heart failure, How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Wm. S. Maxwell.

Address

Slid Bond, Md.

Accident or Suicide?

Sing Name

Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER



James Rodney				CERTIFICATE OF DEATH		
Died at	Town	Rock Hall, Md.	County	MARYLAND		
Date of death 1908	Month June	Day 8	Years 65 -	Months 10	Days 4	
Sex Male	Color or Race White	Birth-place Kent Co.				
Occupation Systemian	Where Residing if not at place of death Rock Hall, Md.					
Married, Single or Widowed married	Name of Wife or Husband Mary Malinda Joiner	Father's Birthplace Kent Co.				
Father's Name John Rodney	Mother's Birthplace Kent Co.					
Mother's Maiden Name Joe Anna Hague	How related to deceased Son-in-law					
Name of person giving information Rome Hauls						

CAUSES OF DEATH

116

How long 5 days

How long One day

Primary

Pertussis

Immediate

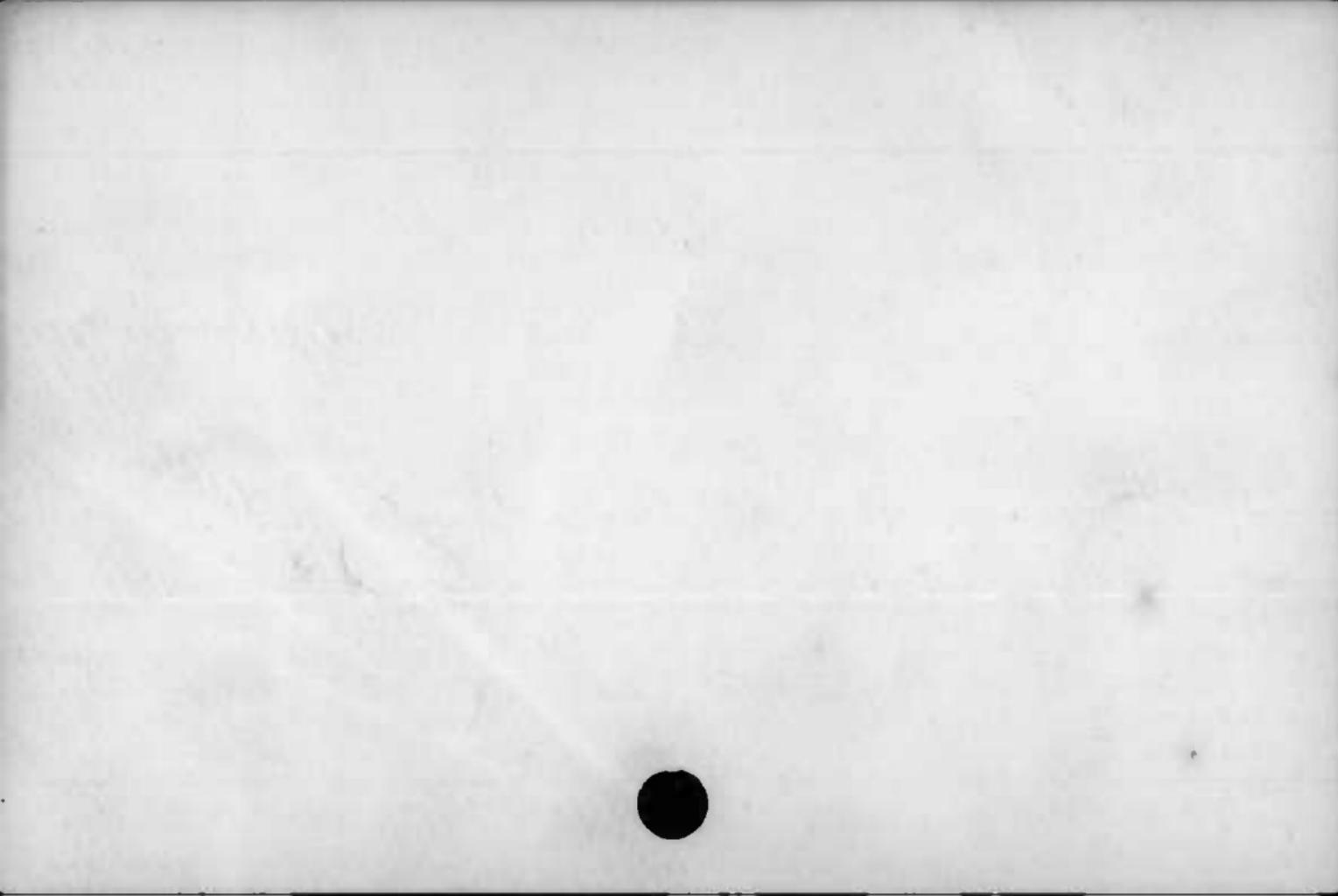
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
Full

Jane Lillian Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death		<input checked="" type="checkbox"/>		
Married, Single or Widowed	Name of Wife or Husband	Andrew Smith		Father's Birthplace	
Father's Name	Andrew		Mother's Birthplace		Watkins
Mother's Maiden Name	Mary Chase.		Mother's Birthplace		Tenkco Md
Name of person giving information	Andrew. Smith		How related to deceased		Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer stomach

40

How long

12 mo

Immediate

Stomach, pain

How long

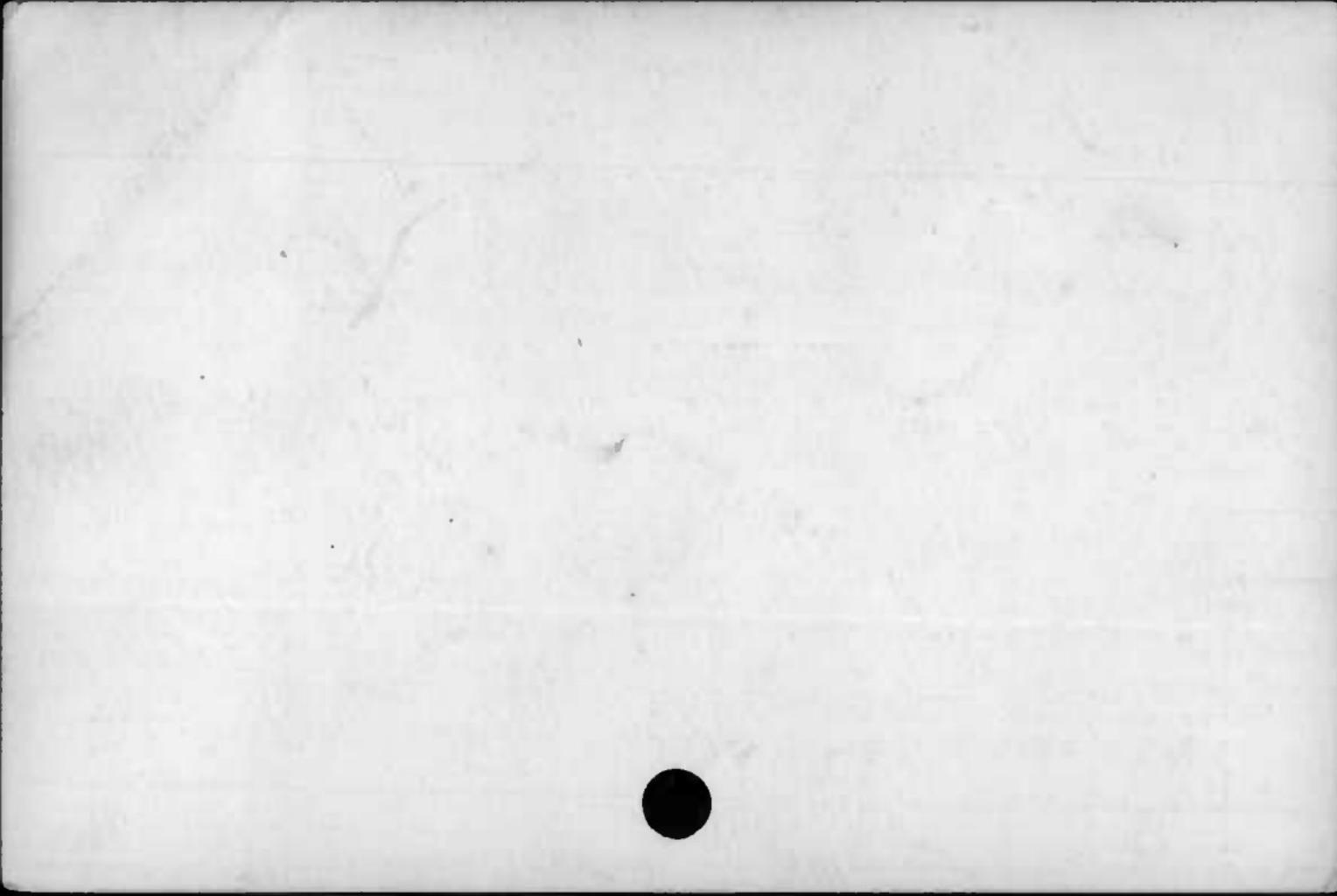
2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Henry Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Chesterville	Kent	
Date of death	Month	Day	Years Months Days
1908	June	7	Age 40 Unknown Unknown
Sex	Color or Race	Birth-place	
Male	White	Maryland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Widowed			
Father's Name	Germany.		
John. Stevens.			
Mother's Maiden Name	Maryland		
Katie. Stark.			
Name of person giving information	How related to deceased		
Peter Stevens			Uncle-

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis Lungs

How long

about two years

Immediate

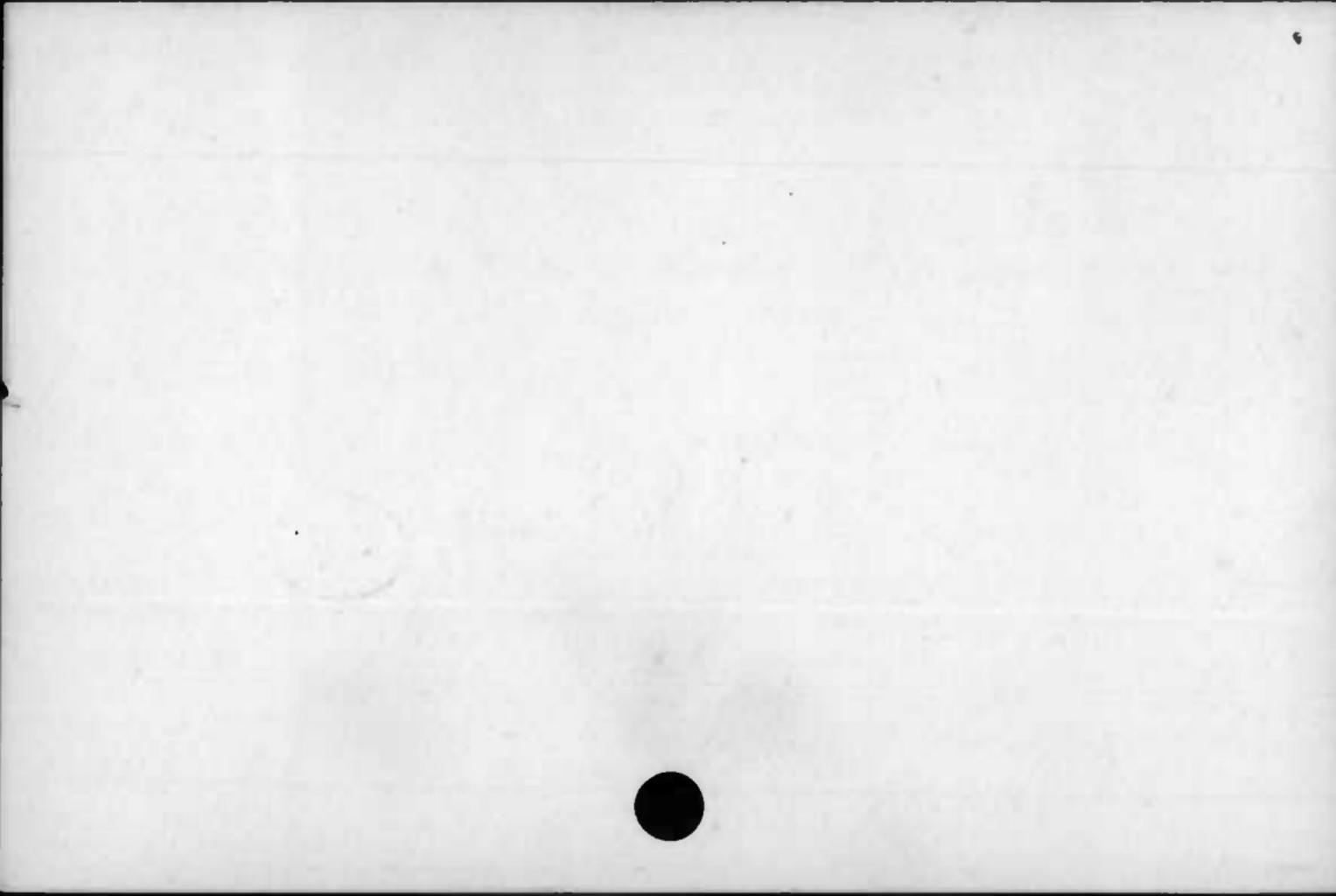
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

N M Peter M.D.
Millington.
Ind.

Accident or Suicide?



Name
in
Full

Josephine Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Worton Point Kent

MARYLAND

Date Month Day Years Months Days
of death 1908 June 27 50

Sex Female Color or Birth-
Race Col place Md

Occupation Housewife Where Residing if not
at place of death

Married, Single or Widowed Married Name of Wife or Husband

John W Ward

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information Dr. Phelps

How related to deceased Nones

CAUSES OF DEATH

120

Primary Chronic Nephritis

One year

Immediate Exhausion

How long Several weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

JHG Simper

Address

Cheshtown, Md

PHYSICIAN
OR CORONER

Accident or Suicide?

No

Norton Point

Chas L. Dodd

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Williams

CERTIFICATE OF DEATH

Died at <u>Town</u> <u>Chestertown</u>		County <u>Hent</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>16</u>	Years <u>2</u>	Months <u>3</u>	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Hent Co., Md.</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Washington Williams</u>	Father's Birthplace <u>Hent Co., Md.</u>				
Mother's Maiden Name <u>Eunice Houston</u>	Mother's Birthplace " "				
Name of person giving information <u>Bas. Williams</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

146

Primary	<u>Rachitis</u>	How long <u>all its life</u>
Immediate	<u>Cathartia</u>	How long <u>life</u>

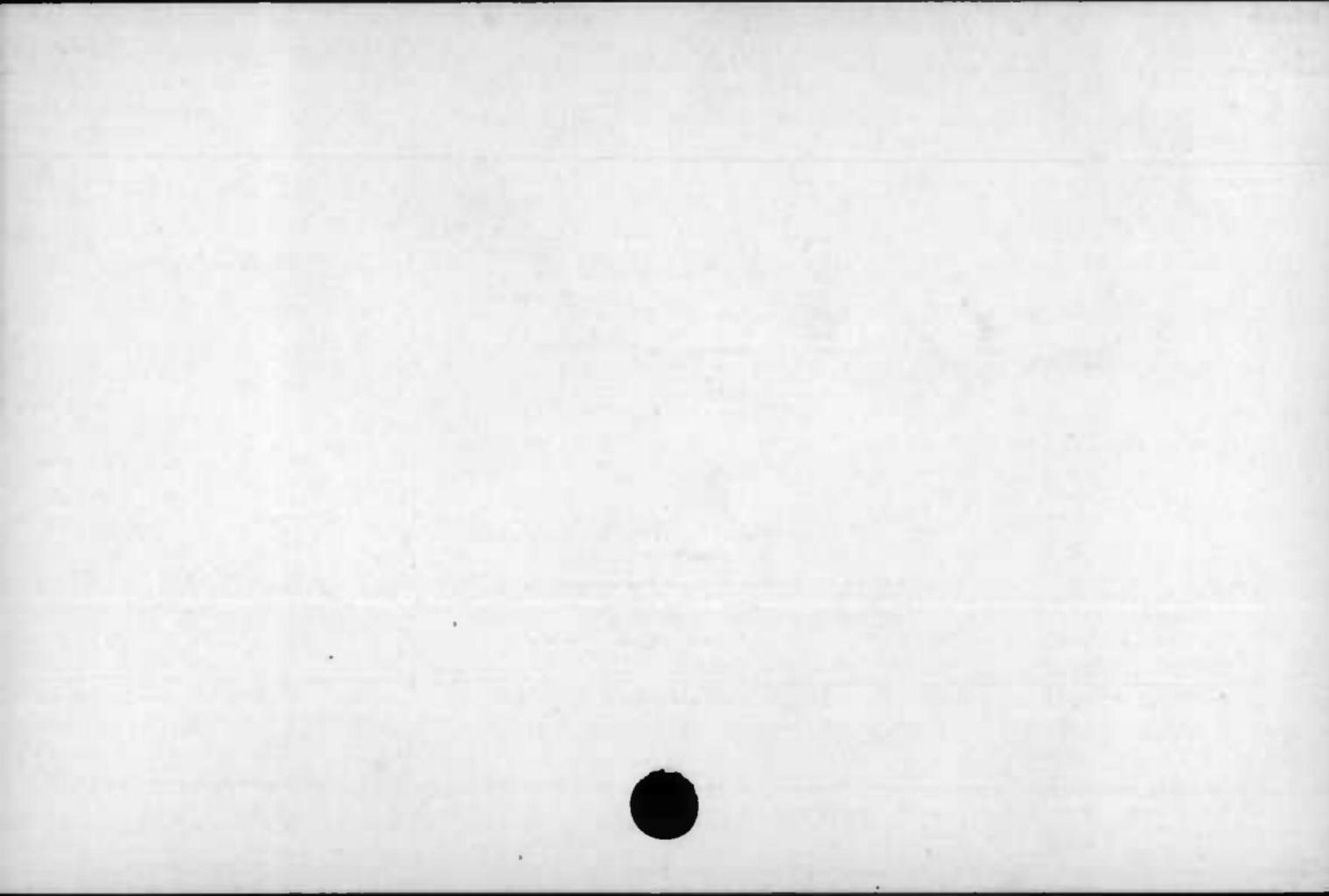
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Harry L. Dade
Chestertown, Md

Accident or Suicide?



Name
in
Full

Sarah Helen Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

(8)

Primary *Hopping Cough - Cholera infantum Whoop C. Harts*
How long *2 days*

Immediate *Cholera infantum*
How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

N. B. Simmons

Address

Chesletown Md

Accident or Suicide?

